

# Change of Information Form

Conditional Waiver for Irrigated Agriculture (Irrigated Ag Regulatory Program)

**Instructions:** Please print or type in black ink. This form must be signed for changes to be made. Complete the Irrigated Ag Program Enrollment Information and Irrigated Ag Program Enrollment Certification sections. Complete other sections where changes apply.

IRRIGATED AGRICULTURE PROGRAM ENROLLMENT INFORMATION												
AW#:				Pesticide Use Permit #:								
Farm Operation/Business Name:												
FARM OPERATION CHANGE/CORRECTION INFORMATION												
Contact Name							Contact Title					
Physical Address		Street										
		City				State				Zip		
Mailing Address		Street										
		City				State				Zip		
Contact Phone#		( ) -				Fax #		( ) -				
ACREAGE CHANGE/CORRECTION INFORMATION												
Reporting Period as of October 15: <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009												
Acreage Information	Ranch/Site Name	Total Acreages		Crop Type Acreages						Irrigation Type Acreage		
		Total Irrigated Acres	Total Tailwater Acres	Row Crops	Orchard	Vineyard	Nursery	Greenhouse	Other	Drip/Micro	Sprinkler	Furrow
IRRIGATED AGRICULTURE PROGRAM ENROLLMENT CERTIFICATION												
I certify under penalty of law that the submitted information is to the best of my knowledge and belief, true, accurate and complete.												
Signature: _____ Date: _____ (Responsible Party)												
Printed name: _____ Title: _____												

If you have any questions regarding this form please call or e-mail:

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